PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450

For Printing Purposes

Alexandria, Virginia 22313-1450

•		or <u>I</u>	Fax (703) 746-4000			
INSTRUCTIONS: This fappropriate. All further c indicated unless corrected maintenance fee notificati	orrespondence including the I below or directed otherwise	smitting the ISSUE FEE and Patent, advance orders and noti in Block I, by (a) specifying a	PUBLICATION FEE (if req fication of maintenance fees a new correspondence addres	uired). Blocks I through 5 s will be mailed to the current s; and/or (b) indicating a sepa	hould be completed where correspondence address as arate "FEE ADDRESS" for	
26574	NCE ADDRESS (Note: Use Block 1 for 7590 08/20/2004	any change of address)	Fee(s) Transmittal. I papers. Each addition have its own certifications.	of mailing can only be used for his certificate cannot be used nal paper, such as an assignmente of mailing or transmission.	for any other accompanying ent or formal drawing, must	
SCHIFF HARD PATENT DEPAR 6600 SEARS TO CHICAGO, IL 60	RTMENT WER		I hereby certify that States Postal Service addressed to the M	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.		
CITICAGO, IL 00	000-0473	•			(Depositor's name)	
					(Signature)	
					(Date)	
APPLICATION NO.	FILING DATE	FIRST NAME	D INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/763,387	04/18/2001	Paul I	Brand	P01.0064	5055	
TITLE OF INVENTION:	PACEMAKER HOUSING W	ITH LEAD CONNECTION AS	SEMBLY			
APPLN, TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
				61220	11/22/2004	

nonprovisional	NO	\$1330	'	30	\$1.7.	11/22/2004
EXAMINER		ART UNIT		CLASS-SUBCLASS]	
OROPEZA, FRANCES P		3762		607-037000	_	
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(1) the na or agents (2) the na registered 2 registered	nting on the patent front page, I mes of up to 3 registered pate OR, alternatively, me of a single firm (having as attorney or agent) and the nan- ed patent attorneys or agents. It name will be printed.	a member a	SCHIFF HARDIN, LLP
3. ASSIGNEE NAME AND R	ESIDENCE DATA TO	BE PRINTED ON T	HE PATEN	Γ (print or type)	<u>-</u>	

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OI Assignee: ST. JUDE MEDICAL AB

ENCE: (CITY and STATE OR COUNTRY)

VEDDESTAVAGEN 19

SE175 84 JARFALLA, SWEDEN

Please check the appropriate assignee category of categories (will not be	
4a. The following fee(s) are enclosed: Issue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies	 4b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).
5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.	b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Date

Registration No. _ Typed or printed name

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

10/22/2004

00000306